PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless corrects maintenance fee notifical	correspondence including delegation of the correspondence including the correspondence in the correspondence i	g the Patent, advance or erwise in Block I, by (a	ders and notification of a specifying a new corre	maintenance fees spondence addre	will be n s; and/or	nailed to the current or (b) indicating a separa	orrespondence address as atle "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Bach additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23914	7590 02/26/	2009					
LOUIS J. WILLE BRISTOL-MYERS SQUIBB COMPANY PATENT DEPARTMENT				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
P O BOX 4000 PRINCETON, NJ 08543-4000				Maure	ep, S.	Gibbons	(Depositor's name)
FRIINCETON, INJ 06545-4000				Min	142~	•	(Signature)
				may .	21,21	009	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	1	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/826,100 04/15/2004 Denis E. Ryono LA0120 NP 9349 TITLE OF INVENTION: THYROID RECEPTOR LIGANDS							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID IS:	SUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	, , <u></u>	\$1810	05/26/2009
EXAN	MINER	ART UNIT	CLASS-SUBCLASS]			
OH, TAYLOR V		1625	514-374000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Maureen S. Gibbons Elliott Korsen				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Bristol-Myers Squibb Company Princeton, New Jersey Reel/Frame: 015107/0047							
Please check the appropriate assignee categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are submitted: 3 Issue Fee 3 Publication Fee (No small entity discount permitted) 4 Advance Order - # of Copies			ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3880 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee a interest as shown by the	nd Publication Fee (if req records of the United St	uired) will not be accepte ates Patent and Trademar	ed from anyone other than k Office.	the applicant; a	egistered	attorney or agent; or th	e assignee or other party in
Authorized Signature Maueel H. bliss Date May 21, 2009							
Typed or printed nar	ne <u>Maureen 8</u>		Registration No. \bigcup 44,121				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							